

**UNITED STATES HOUSE OF REPRESENTATIVES****FINANCIAL DISCLOSURE STATEMENT**

FORM B

For New Members, Candidates, and New Employees

LEGISLATIVE RESOURCE CENTER

MAY 02 2018, or  
18 MAY 10 PM 1:52Name: Samuel Enoch Daytime Telephone: \_\_\_\_\_

FILER STATUS	New Member or Candidate for U.S. House of Representatives	State: <u>NJ</u>	District: <u>2</u>	<input type="checkbox"/> Check if Amendment
	Candidates - Date of Election: _____			
New Officer or Employee	Staff Filer Type (if Applicable):			
Employing Office: _____	<input type="checkbox"/> Shared	<input type="checkbox"/> Principal Assistant	Period Covered: January 1, _____ to _____	

U.S. HOUSE OF REPRESENTATIVES  
 (Office Use Only)

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

**PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS**

- A. Did you, your spouse, or your dependent child:
- Own any reportable asset that was worth more than \$1,000 at the end of the reporting period?
  - Receive more than \$200 in unearned income from any reportable asset during the reporting period?

C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? Yes  No

F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?

G. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? Yes  No

**ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"**  
**THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE**

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS**

**TRUSTS** – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "exempted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? Yes  No

**EXEMPTION** – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. Yes  No

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

**Name**

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**SCHEDULE A - ASSETS & "UNEARNED INCOME"**

Name: \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_

BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income											
				A	B	C	D	E	F	G	H	I	J	K	L
Sp. DC Jr.	ASSET NAME	Elif													
ROUTE 900 VINCENZA, NJ			None												
ROUTE 900 VINCENZA, NJ			\$1-\$1,000												
ROUTE 900 VINCENZA, NJ			\$1,001-\$15,000												
ROUTE 900 VINCENZA, NJ			\$15,001-\$50,000												
ROUTE 900 VINCENZA, NJ			\$50,001-\$100,000												
ROUTE 900 VINCENZA, NJ			\$100,001-\$250,000												
ROUTE 900 VINCENZA, NJ			\$250,001-\$500,000												
ROUTE 900 VINCENZA, NJ			\$500,001-\$1,000,000												
ROUTE 900 VINCENZA, NJ			\$1,000,001-\$5,000,000												
ROUTE 900 VINCENZA, NJ			\$5,000,001-\$25,000,000												
ROUTE 900 VINCENZA, NJ			\$25,000,001-\$50,000,000												
ROUTE 900 VINCENZA, NJ			Over \$50,000,000												
ROUTE 900 VINCENZA, NJ			Spouse/DC Asset over \$1,000,000*												
			NONE												
			DIVIDENDS												
			RENT												
			INTEREST												
			CAPITAL GAINS												
			EXCEPTED/BLIND TRUST												
			TAX-DEFERRED												
			Other Type of Income (Specify: e.g., Partnership Income or Farm Income)												
			None	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII
			\$1-\$200												
			\$201-\$1,000												
			\$1,001-\$2,500												
			\$2,501-\$5,000												
			\$5,001-\$15,000												
			\$15,001-\$50,000												
			\$50,001-\$100,000												
			\$100,001-\$1,000,000												
			\$1,000,001-\$5,000,000												
			Over \$5,000,000												
			Spouse/DC Income over \$1,000,000*												
			None	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII
			\$1-\$200												
			\$201-\$1,000												
			\$1,001-\$2,500												
			\$2,501-\$5,000												
			\$5,001-\$15,000												
			\$15,001-\$50,000												
			\$50,001-\$100,000												
			\$100,001-\$1,000,000												
			\$1,000,001-\$5,000,000												
			Over \$5,000,000												
			Spouse/DC Income over \$1,000,000*												
			X												
			X												
			X												
			X												
			X												

Use additional sheets if more space is required.



**SCHEDULE D - LIABILITIES**

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. **New Members.** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child.

Name: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

**SCHEDULE E - POSITIONS**

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members** and **second-year candidates** report positions held in the reporting period and the current calendar year. **First-year candidates** and **new employees** report positions held in the current calendar year and two previous years.

Position	Name of Organization
<del>BESTERFF</del> OWNER	FRAZER PROPERTIES
PARTNER	KLS INVESTMENTS
Vice President	See KEY SOUTIONS

## SCHEDULE F – AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Name: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

**SCHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE**

Use additional sheets if more space is required.